

# Attention Deficit Disorder / Attention Deficit Hyperactivity Disorder (ADD/ADHD)

## **What is Attention Deficit Disorder/ Attention Deficit Hyperactivity Disorder (ADD/ADHD)?**

Attention-Deficit/Hyperactivity Disorder is a persistent pattern of inattention and/or hyperactivity-impulsivity that is more frequent and severe than typically observed in individuals at a comparable level of development.

## **What are the common features of Attention Deficit Disorder/ Attention Deficit Hyperactivity Disorder (ADD/ADHD)?**

- Inattention
- Hyperactivity
- Impulsivity
- Low frustration tolerance
- Temper outbursts
- Bossiness
- Stubbornness
- Poor self esteem

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**Common difficulties often (but not always) experienced by the child with Attention Deficit Disorder/ Attention Deficit Hyperactivity Disorder**

## **(ADD/ADHD):**

- Difficulty attending to task.
- Being fidgety with hands or feet.
- Squirming in the seat or leaving the classroom seat when they should be seated.
- Slow to complete tasks.
- Rushing tasks Difficulty settling to task.
- Missing details or making careless mistakes in school work or other activities.
- Having trouble organising tasks and activities.
- Losing things needed for tasks or activities (e.g. toys, school assignments, pencils, books).
- Having trouble sticking to tasks or play activities.
- Appearing not to listen when spoken to directly.
- Failing to follow through with instructions that they are able to understand and does not finish tasks (e.g. work at school or chores at home).
- Avoiding tasks/activities that require a lot of thinking and concentrating (as these are hard work and tiring). Is easily distracted and forgetful in daily activities.
- Runs about or climbs excessively (more than most other children).
- Has trouble playing quietly.
- Is continually 'on the go' and may talk 'all the time'.
- Blurts out answers before the questions have been completed.
- Has difficulty awaiting their turn and interrupts conversation or games.

## **Management strategies that support the child with Attention Deficit Disorder/ Attention Deficit Hyperactivity Disorder (ADD/ADHD) (at pre-school/school and/or home):**

- Short tasks only. Break tasks into smaller component tasks.
- Provide breaks during and between tasks.
- Provide explicit step by step instructions.
- Use simple concise language.
- Allow longer time frames in which to complete tasks.

- Have regular exercise and physical activity breaks throughout the day.
- 'Chunk' tasks into smaller, manageable components.

**Occupational Therapy approaches and activities that can support the child and/or their carers include:**

- **Areas of weakness:** Identifying areas of weakness (subsequent to inattention) and developing these areas.
- **Concentration:** Developing increased concentration to task.
- **'Slow down' tasks:** Providing strategies to 'slow down' task performance.
- **Visual aids** to assist with attention.
- **Engine Program:** Application of the 'Engine' program to enhance self awareness of one's attention levels and strategies that can be used to alter them.
- **Visual cues/lists** to outline step by step instructions and tasks to be completed.
- **Simplify tasks** by using task analysis and simplification.
- **Repetition:** Completing simple repetitive tasks to learn attention to tasks in multiple small activities.
- **Parent knowledge:** Up skill parents and/or carers on the typical challenges their children are likely to face and how to prepare for them.
- **Self regulation:** Developing a range of self regulation strategies in conjunction with parents and other involved carers or teachers.

**Speech Pathology approaches and activities that can support the child and/or their carers include:**

- **Speech and language assessment** to help the family to understand how the child is processing, understanding, learning and using language and communication.
- **Communication strategies:** Providing the family with strategies and techniques to increase and enhance communication with the child.
- **Daily activities:** Helping the child to understand the environment, routines and language.

- **Developing language:** Helping the child to understand and use richer language and to use language more spontaneously.
- **Conversation skills:** Developing conversation skills (e.g. back and forth exchange, turn taking).
- **Concept skills:** Developing concept skills, especially abstract concepts, such as time (e.g. yesterday, before, after).
- **Visuals** can be used to help with understanding and a child's ability to express their needs, wants, thoughts and ideas.
- **Social skills:** Development of social skills (i.e. knowing when and how to use language in social situations).
- **Enhancing verbal and non-verbal** communication including natural gestures, speech, signs, pictures and written words.
- **Visual strategies:** Using visual information to help a child understand, organise and plan the routine for the day.
- **Liaising with educational staff** regarding the nature of the difficulties and ways to help the child to access the curriculum.

## **Why should I seek therapy if I notice traits of ADD/ADHD?**

Diagnosis alone is NOT the solution. It simply opens the door to getting the help that is needed by arming all involved with the relevant information.

The 'help' still needs to be provided. The help that is provided (at least from a therapy perspective) will reflect:

- First and foremost what medical intervention is needed.
- What the parents/teachers/carers biggest concerns are for the child (i.e. what are the most significant functional challenges).
- The specific areas that are problematic to the child (which will vary even within children with the same diagnosis).
- The capacity of the child's environments to meet the child's needs.

**If left untreated, the child with Attention Deficit Disorder/ Attention Deficit Hyperactivity Disorder (ADD/ADHD) may have difficulties with:**

- **Following instructions** within the home, kindergarten or school

environment.

- **Vocabulary** whereby a child cannot clearly get their message across due to limited word knowledge.
- **Understanding jokes** and figurative language during interactions with others, and when watching TV shows and movies and reading books.
- **Participating in sporting activities** leading to an inactive lifestyle, increasing the risks of other health related issues such as obesity, diabetes, cardiovascular disease or similar conditions.
- **Self esteem and confidence** when they realise their skills do not match their peers.
- **Bullying** when others become more aware of the child's difficulties.
- **Completing self-care tasks** (e.g. doing up shoelaces, buttons, zips, using cutlery).
- **Self regulation and behaviour**, as the child is unable to regulate themselves appropriately to settle and attend to a task for extended periods of time.
- **Accessing the curriculum** because they are unable to attend to tasks long enough to complete assessment criteria.
- **Sleep habits**, impacting upon skill development due to fatigue.
- **Social isolation** because they are unable to cope in group situations or busy environments, impacting on their ability to form and maintain friendships.
- **Anxiety and stress** in a variety of situations leading to difficulty reaching their academic potential.
- **Academic assessment:** Completing tests, exams and academic tasks in higher education.

More specific implications of not seeking treatment will be influenced by the common difficulties that are most influencing your individual child.

*For more information see the relevant fact sheets under areas of concern or refer to the other relevant resources section below.*

## **What does the diagnosis of Attention Deficit Disorder/**

# Attention Deficit Hyperactivity Disorder (ADD/ADHD) really mean for the child?

Diagnoses are used to label a specific set of symptoms that are being experienced by a child.

This label then helps to narrow down and specifically tailor what:

- Other issues commonly occur simultaneously.
- Medication might be appropriate.
- Therapies might help the child (e.g. Medical, Occupational Therapy, Speech Pathology, Psychology).
- Course of intervention (medical and/or allied health) might be and what outcome might be expected (prognosis).
- Can be done to help the child.

A diagnosis helps the child and their carers (parents, teachers, health professionals, carers) to:

- Access information about the relevant cluster of symptoms.
- Communicate the salient features of the child's challenges to all people involved in the child's care.
- Possibly interpret certain behaviours differently in light of the diagnosis.
- Obtain information about what can be done to help the child.
- Determine specifically where and how to help the child.
- Access funding or services that might not otherwise be accessible.

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